

APPLICATION

Received _____ Receipt No. _____

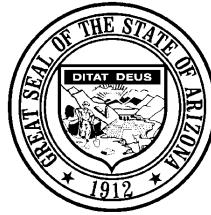
Fee Paid \$ _____ Date approved _____

LICENSE

License No. _____

Eff. Date _____ Date Mailed _____

(Do not write above this line)

**ARIZONA STATE BOARD OF DISPENSING OPTICIANS****APPLICATION FOR REINSTATEMENT OF DISPENSING OPTICIAN LICENSE**

License Number _____ Social Security Number (Required by A.R.S. §25-320) _____

Name _____

(Print name as it appears on your original license)

Name _____

(Print name you desire it to appear on license, if different from above)

Home Address _____

(Number and Street)

(City, State and Zip Code) Telephone No. _____

Current Employer _____

Address _____

(If more than one location, print location at which you are employed the majority of time.)

(City, State and Zip Code) Telephone No. _____

(City, State and Zip Code)

HISTORY

Have you ever been convicted of a crime other than minor traffic violations since your license was last renewed?

Yes _____ No _____

(If "Yes", attach details)

Have you ever had a professional or occupational license suspended or revoked since your license was last renewed?

Yes _____ No _____

(If "Yes", attach details)

Have you ever been refused a professional or occupational license in any state?

Yes _____ No _____

(If "Yes", attach details)

TO HAVE YOUR LICENSE REINSTATED UNDER THE PROVISIONS OF A.R.S. §32-1684(D),(E), YOU MUST COMPLETE THIS APPLICATION AND MAIL IT, WITH THE FEE OF **\$235.00** (\$135.00 renewal application fee and \$100.00 late fee) TO THE BOARD OFFICE. YOUR APPLICATION WILL BE REVIEWED AT THE NEXT SCHEDULED BOARD MEETING.

(Application continued on Reverse Side)

CURRENT NON-REFUNDABLE APPLICATION FEE: \$135.00 + \$100.00 Late fee

**PLEASE ATTACH APPLICANT'S PHOTOGRAPH
TAKEN WITHIN THE LAST SIX MONTHS.**

(Affix Photograph Here
no smaller than 1½ X 2")

Practical examination successfully completed on: _____

ABO successfully completed on: _____

NCLE successfully completed on: _____

AFFIDAVIT OF APPLICANT

State of _____

County of _____

I, _____ (Applicant's Name), first duly sworn, says that applicant is the person referred to in the above application for reinstatement of a dispensing optician license in the State of Arizona, that the statements herein contained are strictly true in every respect and that applicant is not in default of or violation of the provisions of A.R.S. §§32-1671 through 1699 or A.A.C. R4-20-101 through R4-20-121 inclusive.

(Signature of Applicant)

Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

COMMISSION EXPIRATION DATE

Application and fee must be mailed or delivered to:

**State Board of Dispensing Opticians
1400 W. Washington, Room 230,
Phoenix, Arizona 85007**

"An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. This section may be enforced in a private civil action and relief may be awarded against the state. The court shall award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy. This section does not abrogate the immunity provided by Section 18-820.01 or 12-820.02."